

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>una</i>		9/21/10
O.I.P.E. CLASSIFIER		15	7-2-5-6
FORMALITY REVIEW	<i>AE</i>	5-4	10/30/10
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	N
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
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31	✓
32	✓
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36	✓
37	✓
38	✓
39	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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